



Gymnast, Coach & Volunteer Health Questionnaire & Risk Declaration

Member's Full Name:

Member's Position

(Gymnast, Coach or Volunteer):

1. Have you had a confirmed COVID-19 infection in the last 5 months, or any symptoms (listed below) in the last 14 days?

Fever

New, persistent, dry cough

Shortness of breath

Loss of taste or smell

Diarrhoea or vomiting

Muscle aches not related to sport/training

Yes

No

If yes, please explain:

2. Have you had a known exposure to anyone with confirmed or suspected COVID-19 in the last 2 weeks (e.g. close contact, household member)?

Yes

No

If yes, please explain:

3. Do you have any underlying medical conditions such as chronic respiratory conditions including asthma; chronic heart, kidney, liver or neurological conditions; diabetes mellitus; a spleen or immune system condition; or are you currently taking medicines that affect your immune system such as steroid tablets?

Yes

No

If yes, please explain:

4. Do you live with or will you knowingly come into close contact with someone who is currently 'shielding' or otherwise medically vulnerable whilst you return to the training environment?

Yes

No

If yes, please explain:

5. Do you fully understand the information presented in the COVID Policy and Procedures and accept the risks associated with returning to the training environment in relation to the COVID-19 pandemic?

Yes

No

If no, please explain:

By signing the above declaration, I confirm I am free from any symptoms related to the Covid-19 virus, I understand the main symptoms include:

- a high temperature – this means you feel hot to touch on your chest or back
- a new, continuous cough – this means coughing a lot for more than an hour, or three or more

coughing episodes in 24 hours

- a loss or change to your sense of smell or taste.

I am also confirming all in my household remain symptom free, and anyone taking me to or from training and attending my training session with me is also symptom free from the virus.

By signing this declaration, I confirm that for any future training sessions I will only attend in the full knowledge that I am free from any Covid-19 symptoms. In addition, but conversely confirm by signing this declaration that if I do display any symptoms I will not attend training for a period of at least 14 days and follow government guidance to self-isolate.

I return to training knowing that my participation cannot be without risk, I am therefore aware of these risks associated with the Covid-19 virus, but still wish to participate in club training.

I understand the processes and protocols Activ8 Trampoline Club have put in place in order to reduce risks and I will adhere to these in order to protect my health and the health of other members, coaches, volunteers and other users of the facility.

Signature: (Parent/Guardian must sign for members under the age of 18)

Date:

Please save and email this document to the Club Secretary at activ8email@gmail.com.